

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002930

FILED
Apr 12, 2009
Secretary of State

Entity Name: LAS BRISAS AT CORAL BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

8360 W OAKLAND PARK BLVD
SUITE 301
SUNRISE, FL 33351

New Principal Place of Business:

1133 S. UNIVERSITY DR.
SUITE 211
PLANTATION, FL 33324

Current Mailing Address:

% ALLIANCE PROPERTY SYSTEMS
PO BOX 452199
FORT LAUDERDALE, FL 333452199

New Mailing Address:

% ALLIANCE PROPERTY SYSTEMS
PO BOX 19439
PLANTATION, FL 33324

FEI Number: 65-0810199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER P.A.
150 S PINE ISLAND ROAD #540
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: LANZET, ROBERT
Address: 6254 DUVAL DR.
City-St-Zip: MARGATE, FL 33063

Title: DP () Delete
Name: JARVIS, KATHLEEN
Address: 6243 ISLAND WAY
City-St-Zip: MARGATE, FL 33063

Title: DT () Delete
Name: COPLIEN, DON
Address: 3034 SUNSET LANE
City-St-Zip: MARGATE, FL 33063

Title: DS () Delete
Name: MCCORMICK, ROBERT
Address: 6350 SEAGRAPE CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: GUTHRIE, STEVEN
Address: 3047 MARTELLO DR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LANZET, ROBERT
Address: 6254 DUVAL DR.
City-St-Zip: MARGATE, FL 33063

Title: DV (X) Change () Addition
Name: JARVIS, KATHLEEN
Address: 6243 ISLAND WAY
City-St-Zip: MARGATE, FL 33063

Title: DT (X) Change () Addition
Name: MCCORMICK, ROBERT
Address: 6350 SEAGRAPE CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: GUTHRIE, STEVEN
Address: 3047 MARTELLO DR
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LANZET

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date